

Associates In Family Eyecare

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Records Request

To: _____ From: David M Banford, OD
Joseph Lavaux, OD
Lou Spinozzi, OD

Fax: _____ Date: _____

Patient Name: _____

DOB: _____

Patient Signature: _____

Witness Signature: _____

Specific Records Requested:

- All Records
- Contact Lens Documentation
- Eye Glass Records
- Procedure History
- Eye Health Imaging
- Medical Records
- Health History